## STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS Division of Workers' Compensation



## **Notice to Employees--Injuries Caused By Work**

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

If You Get Hurt:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. You should never see a bill. For injuries occurring on or after 1/1/04, tThere is a limit on some medical services.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For injuries on or after 1/1/08, TD benefits may not extend for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if your injury causes a permanent disability.
- Vocational Rehabilitation: Services and payments if your injury prevents you from returning to your usual job or occupation. This benefit applies to injuries that occurred prior to 1/1/04.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher payable to a state approved school if you are injured on or after 1/1/04, the injury results in a permanent disability, you don't return to work within 60 days after TD ends, and your employer does not offer modified or alternative work.
- Death Benefits: Paid to dependents of a worker who dies from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness during the first 30 days after the injury. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group before you are injured and your physician must agree to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is now required to give to new employees.

Get Medical Care. If you need first aid, contact your employer. If you need emergency care, call 911 or one of the numbers below for

	help immediately. <del>Emergency pl</del> Ambulance	<del>oone numbers:</del> ——Fire Dept.	Police	e						
	Doctor	Hospital								
2.	<b>Report Your Injury.</b> Report the injury immediately to your supervisor. or to:									
	Employer representative phone number									
	claim form within one working of employer shall authorize the prov	ay after learning about your invision of all treatment, consist til the date that liability for t	injury. Within one ent with the appli he claim is accep	nt to benefits. Your employer is required to provide you ne working day after an employee files a claim form, the licable treating guidelines, for the alleged injury and shapped or rejected. Until the date the claim is accepted as (\$10,000).						
3.	See Your Primary Treating Physician (PTP). This is the doctor with overall responsibility for treating your injury or illness. If you predesignated by nameding your personal physician or medical group before injury (see above), you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a mMedical pProvider nNetwork (MPN). Contact your employer for more information.									
pro	roviders that may be used by your er	nployer to treat workers injure	ed on the job. If y	you with treatment. An MPN is a network of health car your employer is using an MPN, there should be an MPN copy of this notice by calling the MPN number below.						
you	ou have predesignated a personal	physician prior to your wor	k injury, then yo	our injury will not be covered under the MPN. If yo						
				visit you are free to chose an appropriate provider from the ay be required to change to a doctor within the MPN. T						
	ee if you are covered under an MPN									
	·									
Cu	urrent MPN's toll free number:	MPN webs	ite:	Coverage Period						
Pri	rior MPN's toll free number:	MPN web	site:	Coverage Period						
and				work injury or illness, for filing a claim, or testifying i ges, job reinstatement, increased benefits, and costs an						
				nat your employer is required to give you at time of hire. workers' compensation claims for your employer):						
Cla	laims Administrator		Phone							
Ad	ddress	City	State	Zip						
Ph	hone	Policy Expiration Da	te							
	he employer is insured for wWorke olicy Expiration Date			(Enter "self-insured" if appropriate						
				the Division of Labor Standards Enforcement ( <u>DLSE</u> ).						

You can also get free information from a State Division of Workers' Compensation Information & Assistance Officer. The nearest Information

& Assistance Officer can be found i	s at <del>Llocation:</del>	or	r		
Address Hear recorded information and a list	City	Phone		nore information abo	out DWC and DLSE
online: www.dir.ca.gov/dwc or ww		ton nec (666) 736-	-7401. Leam n	more <u>information abo</u>	out D W C and DESE

**False claims and false denials.** Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.

DWC 7 (<del>8/1/04</del>-<u>1/21/09</u>)